BEST AVAILABLE COPY

								Application or Docket Number					
	PATENT	D9 731632											
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column	1)	(Colu	(Column 2)		TYPE		OR SMALL ENTITY			
TOTAL CLAIMS							RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBÉR EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		. 6		X\$ 9=			OR	X\$18=	108	
INDEPENDENT CLAIMS			12 minus 3 =		3		X40=			OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT						+135	;=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	182		
CLAIMS AS AMENDED - PART II										10	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X40	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.105				+270=		
				`			+135			OR	+270= TOTAL		
	(Column 1) (Column 2) (Column 3							EE		OR .	ADDIT. FEE		
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)				1 1	1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	≣	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=		
	Independent	*	Minus	***		=	X40=	-		OR	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM		+135:	_		OR	+270=		
							TOT ADDIT. F				TOTAL		
(Column 1) (Column 2) (Column 3)								EE &			ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	X\$ 9=			OR	X\$18=	1	
	Independent	*	Minus	***		=	X40=	┥		ı			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	X80=		
		+135=	= [,	OH	4270 =							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
	ा the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Paid	uid For" IN THI d For" (Total o	S SPACE is Independe	s less tha ent) is the	n 3, enter "3." highest number			ropriate box				